PATENT APPLICATION F ETERMINATION RECORD												
Effective October 1, 2001												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TO	TAL CLAIMS						[	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	•	OR	BASIC FEE	890
TO	TAL CHARGEAE	BLE CLAIMS	/9 minus 20= *					X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	2 minus 3 = *			·		X42=		OR	X84=	
MU	TIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=	ş
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	870
CLAIMS AS AMENDED - PART II							<b></b>				OTHER THAN SMALL ENTITY	
(Column 1)			(Column 2)			(Column 3)	1 1	SMALL		OR I I	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
IDME	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		=		X42=		OR	X84=	
(	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)		ADDII. FEE I			ADDII. 1 EE	
NDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NA P	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMEN	Independent	*	Minus	***		]=		X42=		OR	X84=	
ال	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDEN	11 CLAIM			+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1) (Column 2) (Column							·	-	ADDII. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NU PRE\	SHEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	_	X42≒		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									-	TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
<u></u>							Dr	stent and Trade	mark Office 1	LS DE	PARTMENT (	F COMMERC

Application or Docket Number